

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 838 / 5419

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. RICHARD P. FOX**

Mailing Address 9861 E BLUE SKY DR

City

SCOTTSDALE

State

AZ

Zip Code

85262-8452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PINNACLE WEST CAPITAL

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.161217**

Date of Receipt

**10 / 20 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.156560**

Date of Receipt

**10 / 04 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**ROBERT FOX**

Mailing Address 3304 INDEPENDENCE DR

City

DANVILLE

State

IL

Zip Code

61832-7967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

**Transaction ID : SA17.165552**

Date of Receipt

**11 / 02 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

1050.00

**Total This Period (last page this line number only)**.....